




Speech By  
**Ali King**

**MEMBER FOR PUMICESTONE**

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## **HEALTH PRACTITIONER REGULATION NATIONAL LAW (SURGEONS) AMENDMENT BILL**

 **Ms KING** (Pumicestone—ALP) (12.28 pm): I rise to make a contribution on the Health Practitioner Regulation National Law (Surgeons) Amendment Bill. We know that the popularity of cosmetic surgery is increasing. In Australia, the industry is now worth over \$1 billion a year. We heard, perhaps from the member for Southport, that that is around 200,000 procedures every year. Both the number of procedures that Australians undertake and the invasiveness of those procedures is increasing. There are approximately 130,000 registered medical practitioners in Australia and currently every single one of those has the capacity to describe themselves as a surgeon, even though in hundreds of thousands of cases they have not undergone the very intensive training and qualifications required by the Royal Australasian College of Surgeons. Because cosmetic surgery is not currently an approved speciality, any medical practitioner is able to market themselves as a cosmetic or aesthetic surgeon, even if they have not undergone the very rigorous training process.

As we heard throughout the committee process, the lack of title protection for the term 'surgeon' creates significant misunderstandings and reduces transparency for the hundreds of thousands of Australians who are considering cosmetic surgical procedures every year. Those procedures range from minimally invasive in-clinic care through to major surgery that carries with it high risks of infection, haemorrhage, embolism, chronic pain and even death. Some of the accounts that we heard through the committee process were, frankly, appalling. We heard of surgery conducted in what amounted to a broom closet with a lack of sterile procedures, a lack of not only trained surgeons but also trained assistants and receptionists being called in to assist. I would not wish that kind of medical care on my worst enemy. Even procedures that are generally thought of as very minor can, in fact, result in severe complications like blindness or facial paralysis. I think there is a lack of understanding of those facts within the Queensland community. These national law changes to protect the title 'surgeon' recognise that when cosmetic procedures are not performed by appropriately qualified surgeons they can lead to permanent harm and even put lives at risk.

Ultimately, cosmetic procedures are about personal choice. We believe that everyone has the right to make their own decisions about their own bodies. However, where cosmetic surgery poses a unique risk is at the intersection of high-risk health procedures and consumer decisions. We are simply not trained to view medical advice and medical care as a financial transaction, which more and more is where cosmetic surgery is creating an intersection. We are used to being able to trust that the doctors who care for us will always have our best interests at heart and will always put their duty to us as their patients ahead of any personal or financial interests. I do not think that, as consumers of cosmetic surgery services, the Australian public has caught up with this shift.

We have seen media reports of rogue cosmetic practitioners who hold themselves out to be surgeons and upsell their services to vulnerable people, often young women. Through the committee process we heard some reports, particularly from Private Healthcare Australia, describing

non-surgically qualified practitioners encouraging vulnerable people to access their superannuation to pay for procedures or to take out high-interest loans to pay for their procedures. We heard of them having colleagues within their business provide a referral that improperly allowed access to Medicare rebates and private healthcare rebates, in some cases leading to the prosecution of those practitioners for fraud. A lot of that conduct is enabled by the fact that the title 'surgeon' is not protected. Most of those rogue practitioners describe themselves in some way, shape or form as a surgeon.

In addition, we know that when unqualified practitioners conduct surgeries they are not fully trained and qualified to undertake, it is the public healthcare system that provides care for the victims who are left behind and who may have complex complications. I would recommend that members google, but the content that you will see reported in reputable media outlets is really distressing, particularly the images in some cases, so do that at your own risk.

The impact of social media has unquestionably worsened the tension between health care and consumer choice, with consumers researching potential procedures via social media channels that have been created by practitioners primarily for the purpose of marketing. Those social media channels are aimed at capturing more clients so they often understate the risks and the recovery times for procedures, and they do not ever—almost—explain the difference between a practitioner who has undertaken full surgical qualifications and training and those who have not. That is why it is very welcome news that Ahpra and the Medical Board of Australia have already cracked down on advertising and social media being used to promote cosmetic surgery procedures.

We know that the vast number of doctors are doing the right thing and care for their patients with skill and integrity and within their skill set. Those who provide cosmetic procedures generally do so to a high standard of care and professional standards. Ultimately, good doctors, the professional colleges that we heard from and professional organisations clearly recognise the importance of potential patients being able to accurately assess the qualifications and experience of their proceduralist before making a decision. Ultimately, though, these changes are necessary because it is very difficult for members of the public to distinguish between, on the one hand, highly trained surgeons who are offering safe procedures and the so-called 'cosmetic cowboys' we have seen referenced in media reporting.

Surgical training is really tough and it should be tough. It takes between eight to 12 years to complete surgical training, which is on top of a medical degree and medical training, in accordance with the requirements of the Royal Australasian College of Surgeons. That eight to 12 years is significant. It brings professional standards, it brings oversight, it brings scrutiny and it brings the supervision of colleges that are invested in maintaining high standards. A big part of it is building in the practice of professional standards, which means that when you have an unexpected outcome or a patient has a bad outcome then you are trained to go to your professional colleagues and engage in M&M, or morbidity and mortality conferences, engage in peer review and talk about what went wrong and what could be done differently next time. That collegiate approach to maintaining professional standards is a really important part of the additional eight to 12 years of training.

As well as that, eight to 12 years of training means that, as a trainee surgeon, you have to undertake hundreds or thousands of procedures under the supervision of a senior practitioner, which is really important. By contrast, we have heard accounts of people who are holding themselves out to be cosmetic surgeons having done only a 15-hour online training course in order to provide breast augmentation or a four-hour online training course, with a small hands-on component, to provide facial injectables that, in a worst case scenario, can paralyse people's facial and optic nerves.

The need for higher standards is about the need for Queenslanders and people across Australia to be able to make clear decisions based on accurate information when they are making these really sensitive decisions about what cosmetic procedures they may choose to have. If you are offering to cut deep into a person's body, to break or reshape their bones or to lacerate their skin as a consumer transaction that is costing thousands of dollars, then your potential patients should have the tools to assess exactly how qualified you are to do that work. The eight to 12 years of training also means the difference between an in-depth understanding of how to manage complications and not knowing what to do when your patient develops an infection or bleeds excessively.

Surgical training teaches and requires peer discussion. That can be contrasted with accounts we have seen reported such as one non-qualified proceduralist whose advice to his practice staff was, 'Never, ever, ever—not slightly ever—ever, ever, ever, ever admit to a patient that something is bad or wrong.' Those proceduralists are appropriately described as 'cosmetic cowboys'. As the host jurisdiction for the national law, we can be proud that Queensland is implementing these reforms to ensure that vulnerable people have the ability to make decisions about their cosmetic surgery on a fully informed basis. I commend the bill to the House.